

**FORM I**  
**VERIFICATION OF LICENSURE FORM**  
**For Physician Assistant Seeking Licensure in the State of Georgia**

Please complete the top section of this form and mail it to all state boards by whom you are/have been licensed as a Physician Assistant, regardless of the status of your license in that state. You may copy or download as many copies of this form as needed.

I am applying for licensure as a Physician Assistant with the Georgia Composite Medical Board. The GCMB requires that this form be completed in order for the undersigned to be considered for licensure in Georgia. By signing this form I give my consent to release any information, favorable or otherwise, for its review, in considering my application for a physician assistant license. Please forward to the Georgia Composite Medical Board as soon as possible.

License Number \_\_\_\_\_ was issued by your State Board on \_\_\_\_\_

Examination \_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_  
Signature Print or Type Full Name

\_\_\_\_\_  
Address City State Zip Code

**THIS SECTION TO BE COMPLETED BY ENDORSING STATE BOARD**

Physician Assistant License/Certificate Number \_\_\_\_\_ to practice as a

Physician Assistant in the State of \_\_\_\_\_ was issued to

\_\_\_\_\_ on \_\_\_\_\_  
(Name of License Holder) (Date Issued)

Has any disciplinary action ever been taken against the above Physician Assistant including but not limited to suspension or revocation? \_\_\_\_ Yes \_\_\_\_ No. If yes, please furnish details (use additional page if necessary).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ State Board Name: \_\_\_\_\_

(Board Seal)

**RETURN FORM TO:      GEORGIA COMPOSITE MEDICAL BOARD**  
**Attention: Physician Assistant Unit**  
**2 Peachtree Street, N.W., 6<sup>th</sup> Floor**  
**Atlanta, Georgia 30303**